

Agency Nme:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Owners / Contractors Protective Liability Application

All questions must be answered in full. Application must be signed and dated by the Proposed Policyholder or their Authorized Representative

Applicant's Name And Mailing Address	Agent / Producer Information
_____ _____ _____ _____ Business Name or Trading Name: _____ Proposed Policy Period: _____ to: _____	_____ _____ _____ Applicant's Phone Number: _____ Applicant's Web Address: _____ Inspection Contact: _____ Contact Phone Number: _____
Applicant is: <input type="checkbox"/> Individual (Include Date of Birth): _____ <input type="checkbox"/> Partnership (include Dates of Birth): _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture or <input type="checkbox"/> Other _____ Years in business: _____ Years of Experience in this field: _____	

**Name And Address Of The Entity To Be Insured By The Policy
 (Herein after referred to as "proposed policyholder" - If same as above so state)**

Policyholder is: Individual Partnership Corporation Joint Venture Other _____

Interest of the person completing the application for the project being insured:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Property owner and occupant of finished project
<input type="checkbox"/> Property owner and general contractor not engaged in construction operations
<input type="checkbox"/> Property owner and general contractor engaged in actual construction operations | <input type="checkbox"/> Property owner – real estate developer of project for sale to others
<input type="checkbox"/> Designated contractor for the
<input type="checkbox"/> Project manager for the | <input type="checkbox"/> Property owner
<input type="checkbox"/> General contractor
<input type="checkbox"/> Property owner
<input type="checkbox"/> General contractor |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name and address of the designated contractor or responsible party (Entity responsible for the construction project - e.g., owner/contractor, general contractor or project manager, hereinafter referred to as the designated contractor)

UNDERWRITING INFORMATION

CONSTRUCTION PROJECT BEING INSURED:

Terms Of The Contract: Proposed Start Date: _____ Estimated Completion Date: _____

If the start date shown above is prior to this application are you aware of any incidents, losses or occurrences that may give rise to a claim or suit? (If yes, provide full details on a separate sheet) Yes No

Completed project contract price: \$ _____ Contract number: _____

Location of project: _____

Detailed description of the project:

UNDERWRITING INFORMATION (CONTINUED)

1. Provide a general description of surrounding exposures and distance to the Project (e.g., School 100 yds):

North _____ East _____ Adjoining _____
 South _____ West _____ Abutting _____

2. Indicate the type of protection enlisted during the project period:

- Lighting
- 24 hr security service
- Perimeter fence
- Security service during idle hours
- Other (describe): _____

3. Does the project include any of the following on-site hazards?

- Uncovered pedestrian walkways: Yes No
- Excavation work more than 15 feet: Yes No
- Elevated construction above 20 feet: Yes No
- Unattended equipment left on jobsite: Yes No
- Aerial lifts by crane or other equipment: Yes No
- Other: _____

4. Does work on the project involve any of the following exposure(s)

- Aircraft or watercraft exposure: Yes No
- Former brownfield project site: Yes No
- Blasting or use of explosive materials: Yes No
- Hazardous waste removal (e.g., asbestos underground contamination, lead, etc...): Yes No
- Bridge or overpass work: Yes No
- Caisson or cofferdam work: Yes No
- Moving or disruption of any utility lines: Yes No
- Crane work: Yes No
- Underpinning or soil stabilization: Yes No
- If yes does the proposed policyholder own the equipment: Yes No
- Work that is subject to the U.S. longshoremen or harbor workers act: Yes No
- Demolition of existing structure: Yes No
- Work that is subject to the jones act: Yes No
- tunneling, drilling or boring: Yes No

5. Will scaffolding be used on the site? Yes No

If yes, please indicate who is responsible for the set-up:

- Proposed Policyholder
- Designated Contractor
- Subcontractor
- Other _____

6. Does the proposed policyholder lease any employees to the designated contractor or any other entity working on the project? Yes No

LIMITS OF INSURANCE:

Each Occurrence Limit: \$ _____ Aggregate Limit: \$ _____

INFORMATION ABOUT THE DESIGNATED CONTRACTOR:

1. Years in business: _____ Years of experience in the field: _____

2. Does the designated contractor meet all governing license requirements? Yes No

3. Does the designated contractor have a formal safety program in effect? Yes No

4. Is the designated contractor solely responsible for performing all work on the project? Yes No
 If "No":

Are all contractors or subcontractors required to sign a written contract outlining the scope of their operations and obligations for the project? Yes No

What minimum limits of insurance are required of all contractors or subcontractors performing work on the project?

Commercial General Liability: Each Occurrence _____ Aggregate _____
 Workers Compensation: Each Accident _____ Each Disease _____

5. Does the designated contractor allow uninsured contractors or subcontractors to work on the project? (If yes indicate type of work and amount subcontracted) Yes No

Type of Work	% Subbed	Type of Work	% Subbed
_____	___ %	_____	___ %
_____	___ %	_____	___ %

INFORMATION ABOUT THE DESIGNATED CONTRACTOR (CONTINUED):

6. Describe in detail the designated contractor's procedures for obtaining and maintaining certificates of insurance:

CONTRACTS

1. Does the contract executed for the project:
 - Require the designated contractor to name the proposed policyholder as an additional insured?..... Yes No
 - Contain an indemnification/hold harmless agreement in favor of the proposed policyholder? Yes No
 - Outline the minimum insurance requirements for the designated contractor and all subcontractors for commercial general liability, commercial automobile liability, and workers compensation? Yes No
 - Contain a choice of venue clause other than the state in which the project is located? Yes No
2. Is the proposed policyholder named as an additional insured by endorsement on any other policy of insurance for the project shown in this application? Yes No
3. Does the proposed policyholder maintain any other general liability insurance that may apply to the designated project? If yes, please provide the following: Yes No
 - Commercial General Liability Carrier: _____ Limits: _____
4. Are you the proposed policyholder **and** a contractor also performing work on the project? Yes No
 - If yes, please provide the following:
 - Commercial General Liability Carrier: _____ Limits: _____
 - Workers Compensation: Carrier: _____ Limits: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

Name And Address	Relationship	Additional Insured	Certificate
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date